

### **RECEIVED**

JAN 23 2013

S.D. SEC. OF STATE

## State of South Dakota Campaign Finance Disclosure Statement

	n
Full Name of Committee: Dale Hargens for	or State Representative
Full Name of Committee: Dale Hargens for Gayle Bussell-Chair Susan Hara Committee Chair, Treasurer, Candidate E-Mail	gens-Treasurer Dale Hargens-
de ĥa	rgens@hur.mideo.pet
Committee Street Address	<i>J</i>
POBOX 1217 Haron SD	57350-1217
Susan Hargens 605-853-2 Name of Person Making Report Daytime Tele	3159 Loo5-853-2142_ phone # Evening Telephone #
District 22 State Represent If Candidate Committee, please note office being sought, and District & (Mapplicable)	tative <u>Democrat</u>
if Ballot Question Committee, Ballot Question number or letter.	Supporting? Opposing?
Type of Campaign Statement:  Pre-Primary Pre-Convention Pre-General Mid-Year Year-6	Amendment Supplement Termination
verification of Person Making Report  Susan Hargens	County, municipal and school candidates file this statement with the person in charge of the local election.
(print name legibly), certify that I have examined this	
report and to the best of my knowledge and belief it	Statewide PACs, political party, ballot question and other committees file this
is true, correct and complete. I also understand that	statement with the Secretary of State's
failure to timely file any statement, amendment, or	Office.
correction required subjects the treasurer respon-	
sible for filing to a civil penalty per day for each day	Secretary of State, Elections Department
that the statement remains delinquent.	500 East Capitol Ave., Ste 204 Pierre, SD 57501
	or fax to 605-773-6580 or
12-28-12	e-mail to cash@state.sd.us
Date	=
	Fax and e-mail images must contain the signature(s) and the original must be filed
1 (-1)	in our office within one week following
Xusan Hargens	the date the fax/e-mail was received.
Signature of Treasurer	

# INCOME

#### **Direct Contributions from Individuals**

Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space or you may attach additional sheets of paper.

Unitemized Contributions from Individuals	Amount
Enter total of all unitemized contributions (\$100 or less each from individuals) here:	\$ 170
	Line item A1

Inter all itemized contribut	ions (\$100 or more each from individuals) below:		
Name	Residential (Street) Address		Amount
		\$	•
		\$	
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		\$	
		\$	
		\$	

#### **Direct Contributions from Political Parties**

Name	Residential (Street) Address		Amoun
AMSCMEN	1625 L Street NW Working	ton DC 200	250-4
		\$	
		\$	
		\$	
		\$	
Enter total of all contributions from Political Parties here:		\$	

#### **Direct Contributions from In-State Political Action Committees**

Name	Residential (Street) Address	Amount
Black Hills Corp.	PAC DO BOX 1400 Regid City 50 57709	\$ 100
Northwestern Employe		\$ 150 -
VECW Local 304	A ActiveBollot Club 101 5 Fairfax Ave Sionx Falls SD 57100	\$ 100 -
		\$ •
		\$ •
		\$
		\$ •
Name of the Control o		\$
CONTRACTOR OF THE CONTRACTOR O		\$
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1872		\$ *
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		\$ 4
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		\$
		\$
Enter total of all contributions fr	om South Dakota Political Action Committees or South Dakota Candidate Committees here:	\$

I ine item Di

### **Direct Contributions from Organizations**

An organization is defined as any corporate entity, partnership, association, club, labor union, or any group organized in a corporate form that is not defined as a political committee or political party. ONLY PAC's and Ballot Committee Questions may recieve direct contributions from organizations.

lame	Residential (Street) Address	Amou
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		\$ .
		\$ .
001 per 1 - 00-		\$ .
	ns - Enter total of all itemized contributions from organizations:	\$

#### **In-Kind Contributions**

Description	Name and residential address	Estimated value		
		\$		
		\$		
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	111111111111111111111111111111111111111	\$	4	
		\$	•	
		\$		
		\$		
· · · · · · · · · · · · · · · · · · ·		\$		
		\$		
		\$		
Enter total of all estimated in-kind	contributions here:	\$		

Line item F1

#### Other Income

Source of Income	Description of Income	Amount
		\$ .
		\$
		\$ .
Enter total of other income here:	,	\$ .

Line item G1

## **Establishing and Administering Committee/Solicitation Costs**

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or solicitation costs of the political committee.

Organizational Name and Categorical Description for Direct Funds	Amount
	\$
	\$ +
	\$
Enter total here:	\$

Line item H1

### **Direct Contributions from Out-of-State Political Action Committees**

Contributions from Federa	i Political Action Committees	_	
Name	Filing Web Address		Amount
HFSCML	1625 L street NW Washington DE 20036	5 \$	250
		\$	,
		\$	4
		\$	
		\$	×
		\$	
		\$	•
		\$	
		\$	
Enter total of all contributions	from Federal Political Action Committees or Out-of-State Candidate Committees here:	\$	

Line Item D2

#### **Direct Contributions from Candidate Committees**

Contributions from Ca	ndidate Committees	
Name	Residential (Street) Address	Amount
		\$
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		\$ 1
		\$
Enter total of all contributi	ions from Candidate Committees here:	\$

Line Item E1

# **EXPENDITURES**

## **Operational Expenditures**

Categories have been provided for reporting common expenses. You may list other expense Items at your discretion

		mount	
Advertising	\$ 3564.4	H	
Consulting	\$ .		
nterest	\$ .		
Postage	\$ .		
Printing	\$ .		
tent	\$ .		
Salaries	\$ .		
[elephone	\$ .		
fravel	\$ .		
Utilities	\$ .		
ist other expense items below:	\$ .		
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	\$ .		
Enter total expenditures here:	\$ 3564.	4	

Line item X1

### **Contributions Made to Candidates and Committees**

Name of Candidate or Committee		Amount
	\$	
	\$	
	\$	,
	\$	
	\$	
	\$	•
	\$	
	\$	4
	\$	
	\$	
	\$	
	. \$	4
Enter total of contributions to candidates or committees here:	\$	•

Line Item X2

## **Debts and Obligations Owed by Committee**

Owed to/Creditor's Name	Nature of obligation	Address		Amount
			\$	,
			\$	
			\$	
	100 100 100		\$	
Enter total debt owed by committ	ee here:		S	

Line Item X3

#### **Loans Owed to Committee**

Report the amount of each loan owed to the political commbalance of each loan owed to the committee at the end of the Name of recipient of loan, including address.	he reporting Am	period must be itemize	Amount of loan repaid during the reporting		Balance of loan at the end of the reporting period	
	\$		\$		\$ 1	
	\$		\$	•	\$ 	
	\$		\$	•	\$ 	
Enter total amount of loans owed to committee here:	\$		\$		\$	

Line Item Y1

Line item Y2

Line Item Y3

# **SUMMARY OF INCOME AND EXPENDITURES**

		Credit	Debit
	Candidate's Personal Contribution to Own Campaign	\$ .	
			<del> </del>
ncome:		10.3	
	Uniternized Contributions	\$ 170	
	Itemized Contributions	\$ .	
	Contributions from Candidate Committees	\$ .	
	Contributions from Organizations	\$ .	
	Contributions from Political Parties	\$ .	
	Contributions from in-State PACs	\$ 350.~	
	Contributions from Out-of-State or Federal PACs	\$ 250-	4
	In Kind Contributions	s .	
	Other Income	\$ .	
	Expenditures from an external source to establish a committee	S .	
Expenditures			
	Operational Expenditures		\$ 35 64.4
	Contributions to Candidates and Committees	,	\$ .
	Debts and Obligations Owed by the Committee		\$ .
Loan Activity	Monetary loan made to Candidate or Committee during reporting period	\$ .	-
	Monetary loan made to Candidate or Committee repaid during reporting period		s .
	Monetary loan made by Committee during reporting period		s .
	Monetary loan repaid to Committee during the reporting period	- s	
	salation & specific an analysis and all an arbatis and have		

\*Note: You cannot end the reporting period with a negative balance.

County, municipal and school candidates file with the person in charge of the local election.